

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number. (Optional)

273802002200



In re Application of
**COMBINATIONS OF ANTIGEN AND MUCOSAL BINDING COMPONENT
FOR INDUCING SPECIFIC IMMUNOLOGICAL TOLERANCE**

| | |
|----------------------------------|-------------------------|
| Application Number 09/064,682 | Filed April 22, 1998 |
|----------------------------------|-------------------------|

| |
|---|
| For COMBINATIONS OF ANTIGEN AND MUCOSAL BINDING COMPONENT FOR INDUCING SPECIFIC IMMUNOLOGICAL TOLERANCE |
|---|

| | |
|------------------------|-----------------------|
| Group Art Unit 1645 | Examiner R. Swartz |
|------------------------|-----------------------|

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|--|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ <u>890.00</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |

- | |
|---|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |

I am the applicant/inventor

assignee of record of the entire interest . See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

July 30, 2001
Date

Shantanu Basu

Signature

Shantanu Basu, Reg. No. 43,318

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

01/01/2001 HVUDNG1 00000101 031952 09064682

01 FC:117 890.00 CH

Total of _____ forms are submitted.